

OFFICE POLICIES & GENERAL INFORMATION

AGREEMENT FOR PSYCHOTHERAPY SERVICES

Cheryl Fink, Licensed Marriage and Family Therapist, MFC # 47900
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Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions you have regarding its contents.

Information About Your Therapist

I am a Licensed Marriage and Family Therapist. I am registered with the California Board of Behavioral Sciences, MFC # 47900. You may also visit my website at www.counselinginmodesto.com to learn more about my experience, education and professional orientation. I have worked in the field of mental health since 2003, with children, families, individuals and couples. I have specialized training in working with domestic violence and sexual assault.

Fees and Insurance

At this time, I do not accept insurance. Some people who have a PPO may be eligible for some reimbursement from your insurance, if your specific plan allows. Please note that it is *your* responsibility to contact your insurance and obtain the required information for reimbursement. I can not guarantee reimbursement from your insurance. I would be happy to provide you with a receipt that you may send to your insurance, upon your request. You should know that to obtain reimbursement from your insurance plan, I will have to provide a mental health diagnosis, information on the dates of sessions, and the dollar amount charged for each session. If you have questions about this please feel free to speak with me. You are responsible for the payment of the session fee *at the time that the session is conducted*. The fee for service is \$90 per individual therapy session, \$100 per conjoint (marital/family), or \$20 per group therapy session, unless otherwise arranged. Individual sessions and conjoint (marital/family) therapy sessions are approximately 50 minutes in length.

Fees are payable at the time that services are provided. Fees are payable cash or credit/ATM card. I also accept flex spending/HSA accounts. *Checks are not accepted*. It is also legal for me to turn unpaid balances to a third party for collection without your consent if payment has not been arranged within one month from the date of service (session date).

If for some reason you find that you are unable to continue paying for your therapy, you should inform me as soon as possible. I will help you to consider any options that may be available to you at that time.

scheduled appointment time, you are responsible for payment for the amount of the missed session.

Telephone contacts between sessions, site visits, report writing and reading, reading records, longer sessions, travel time, etc., will be charged at the same rate, unless indicated and agreed otherwise. There is a fee of a regular session for time to write letters requested by you to a third party.

Couples Counseling

It should be noted that couples counseling is a process. Because problems that lead couples into seeking counseling often occur over time, it takes time to work through issues. Openness and honesty in session are essential to working through issues. I often give homework to couples for a few different reasons. 1) giving each partner an opportunity to individually process session contents 2) allowing couples to practice skills that they are learning in session at home 3) allowing for further assessment of couple's dynamics, skills, issues, etc. Assignments are tailored to each couple, and based on the couple's presenting issues and therapy goals. Homework is an integral part of successful counseling.

At the beginning stage of treatment, Cheryl Fink, LMFT will ask that issues that arise and are discussed in sessions, is not brought up outside of session. This request is for the safety of each partner, and is conducive to the therapy process. For example, if session content is brought up in an argument outside of session, it may occur that one or both partners do not feel comfortable in bringing up issues in session. This may impede the therapeutic process and prevent goals from being reached.

From time to time, Cheryl Fink, LMFT may see one partner in a couple's dynamic individually, as it pertains to the treatment of the couple. Please see the No Secrets document for more information on how information obtained from individual sessions is shared in couple's sessions. It is important to know that if you are being seen as a couple, Cheryl Fink, LMFT will not conduct routine individual therapy with either partner, either during the time of treatment of the couple, or anytime after couple's treatment ends. If, at any time, one partner requests individual therapy, Cheryl Fink, LMFT will work to help you find appropriate referrals.

objectives and her view of the possible outcomes of treatment. This is a collaborative process in which your input into your treatment goals will be strongly recommended for success.

If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Termination:

As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number to other referrals that you can contact. If at any point during psychotherapy I assess that I may not be effective in helping you reach the therapeutic goals I am obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified, and if I have your written consent, will provide her or him with the essential information needed. *You have the right to terminate therapy at any time.* If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer. If you have not scheduled an appointment within 30 days of your last appointment, I will close your file. You can re-open your file at any time you choose, by calling and scheduling an appointment.

OVER

I have read the above Agreement and Office Policies and General Information carefully. I have read the Social Media Contact Policy. I have received a copy of the HIPPA information. I understand the policies in the documents, and agree to comply with them. I consent to the above policies and agree to participate in counseling services as outlined:

Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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